

05/10/2007 10:20 FAX 2024423431

HEALTH REGULATION ADMIN

05/04/014

PRINTED: 05/11/2007
FORM APPROVED

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/03/2007
NAME OF PROVIDER OR SUPPLIER SYMBRAL		STREET ADDRESS, CITY, STATE, ZIP CODE 133 HAMILTON ST. NW WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1000	INITIAL COMMENTS A licensure survey was conducted on May 3, 2007. A random sampling of two residents was selected from a residential population of three males with various disabilities. The findings of the survey were based on observations, interviews with residents and staff in the home as well as a review of resident and administrative records, including incident reports.	1000		
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and staff interview the residential facility was found to be out of compliance with this section as identified below: 1. Cracked and missing caulking around first floor bathroom sink. 2. Base of dining table was loose. 3. Torn backdoor screen. 4. Backyard cement pavement cracking. 5. Globe missing on backyard porch light. 6. Paint peeling on stairs leading from the back door. 7. Cable wire hanging loose from the back of the building and over a tree branch toward the	1090	The cracked and missing caulking around first floor bathroom sink has been repaired. Dining room table base was repaired. Torn back door screen has been repaired. Backyard cement pavement has been repaired. Globe has been installed on back yard porch light. The stairs leading from the back door has been repainted. The cable has been removed from the tree branch in the backyard.	2007 MAY 24 A 8:49 RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION 5/31/2007 5/04/2007 5/31/2007 6/15/2007 5/31/2007 6/15/2007 5/25/2007

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE CEO

(X6) DATE

5/24/07

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If continuation sheet 1 of 10

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I 090	Continued From page 1 ground. 8. Paint peeling on all window sills in the front and back of the building. 9. Chair with torn cushion in Resident #2 and #3's bedroom. 10. Chair with torn cushion on the front porch. 11. Globe missing on basement ceiling light. 12. Large hole in basement bathroom ceiling, exposing wires. 13. Paint peeling on stairs leading to the front door. 14. Unused freezer in dining room. 15. Broken lawn mower, wooden crates, tree limbs and wrought iron rack in back of the storage building. [Note: Interview with administrative staff on May 3, 2007 at approximately 7:00PM revealed that the unused freezer in the dining room, lawn mower, wooden crates, tree limbs and wrought iron rack in back of the storage building will be removed by bulk trash collectors.]	I 090	The front and back windows have been scraped And repainted. The damaged chair has been removed from the bedroom a difference chair put in its place. The chair has been removed from the front porch. The light fixture in the basement area has been replaced. The hole in the basement bathroom has been repaired. The steps leading to the from door has been painted. The unused freezer has been removed from the dining room. Bulk trash has been contacted and is scheduled to remove the unused freezer, broken lawn mower and other items by 6/15/2007. Staff were inserviced on 5/16/1006 on maintenance issues and report to manager and administration. Manager will monitor on a monthly basis. Maintenance and QA will monitor quarterly to ensure compliance.	6/15/2007 5/31/2007 5/04/2007 5/31/2007 5/31/2007 6/15/2007 6/15/2007 6/15/2007
I 135	3505.5 FIRE SAFETY Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift. This Statute is not met as evidenced by: Based on staff interview and record review, the	I 135		

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1135	Continued From page 2 facility failed to hold evacuation drills quarterly on all shifts. The finding includes: Review of the available fire drill records dated from July, 2006, to April, 2007 on May 3, 2007 at approximately 1:00PM revealed that one fire drill was conducted on the day shift in the first quarter. Further review revealed that one fire drill was conducted on the evening shift in the second quarter. There was no evidence that every shift of personnel conducted an evacuation drill at least quarterly.	1135	The staff were inserviced on 5/16/2007 concerning completed a fire drill on each shift. Manager and QA will monitor on a quarterly basis to ensure compliance.	5/31/2007 and ongoing	
1206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on record review, the facility failed to ensure that all staff had current health certificates on file. The finding includes: Review of 8 personnel records on May 3, 2007 at approximately 4:45 PM revealed no documented evidence of current health certificates for two staff members. In an interview with the Qualified Mental Retardation Professional (QMRP) on May 3, 2007 at approximately 6:50PM it was	1206			

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I 229	Continued From page 4 The finding includes: Interview with the Qualified Mental Retardation Professional and the review of training records on May 3, 2007 at approximately 5:50PM revealed the staff had not received training within the last twelve months in the following areas: 1. Nutrition 2. Sexuality	I 229	Staff were inserviced on Nutrition on 2/5/07 and Sexuality on 2/5/07. Addition training is schedule for 6/11/2007. The Manager and QA will monitor training record on a quarterly basis to ensure that staff receive required training.	6/15/2007 and ongoing
I 332	3517.10 ADMISSION POLICIES PROCEDURES At admission or commitment, each GHMRP shall secure for each resident an Individual Habilitation Plan, which is developed in accordance with D.C. Code § 6-1943 (1989 Repl. Vol.). This Statute is not met as evidenced by: Based on interview and record review, the facility failed to failed to ensure that one out of two residents in the sample had an Individual Support Plan (ISP). (Resident #1) The finding includes: Interview with the House Manager on May 3, 2007 at approximately 9:55AM revealed that Resident #1 did not have an ISP. Further interview revealed that the ISP was being developed by Resident #1's case manager. Record verification revealed that Resident #1 did not have an ISP and was admitted to the facility on February 3, 2007.	I 332	The DDS case manager has been informed of the need to complete the ISP for consumer # 1. Symbal will request DDS to complete the ISP of any future admission with thirty (30) days of admittance if a current ISP is not provided.	6/15/2007 and ongoing.

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1379	Continued From page 5	1379			
1379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and record review the facility failed to ensure that the Department of Health (DOH) was notified of any unusual incident which substantially interferes with a resident's health for one of two residents in the sample. (Resident #1) The finding includes: Review of an incident report dated April 9, 2007 on May 3, 2007 at approximately 10:25PM indicated that Resident #1 was taken to an emergency room (ER) after falling at his day program and sustaining a laceration on the corner of his right eye. Interview with the House Manager on May 3, 2007 at approximately 12:30PM revealed this unusual incident was not forwarded to the DOH. There was no evidence that the DOH was notified regarding this unusual incident.	1379	Staff have been inserviced on policy and procedure concerning accidents/ injuries on 5/16/2007. Staff have been instructed to communicate to nursing all accidents that occur in and outside of the home i.e work, school, community. DOH will be notified of events that significantly affect the health, welfare and living arrangement. QA will review consumers' records on a quarterly basis to ensure compliance.	5/16/2007 and ongoing	
1391	3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified	1391			

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1391	Continued From page 6 professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on record review the facility failed to notify the failed to provide preventive and general care for one of two residents in the sample. (Resident #1) The finding includes: Review of an incident report dated April 9, 2007 on May 3, 2007 at approximately 10:25PM indicated that Resident #1 was taken to an emergency room (ER) after falling at his day program and sustaining a laceration on the corner of his right eye. Review of an emergency room consult dated April 9, 2007 on May 3, 2007 at approximately 3:00 PM revealed a recommendation for Resident #1 to be evaluated by his Primary Care Physician (PCP) in two to three days. Review of the medical record on May 3, 2007 at approximately 3:15 PM revealed no documented evidence that the PCP evaluated Resident #1 as recommended.	1391	The Manager has been inserviced on emergency/ follow-up care protocol. The Director of Nursing and CEO will receive a copy of a emergency medical consultation/ discharge orders immediately verbally and a copy of the report within (24) hours of completion. The Residential Director will receive a check-list form on a weekly basis to ensure that any emergency follow-up is monitor for completion in a timely. QA will monitor to ensure compliance on a monthly basis for the next six months and then quarterly thereafter.	6/15/2007 and ongoing
1395	3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified	1395		

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1395	<p>Continued From page 7</p> <p>professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:</p> <p>(e) Nursing:</p> <p>This Statute is not met as evidenced by: Based on record review the facility failed to ensure nursing services (Resident #2).</p> <p>The findings include:</p> <p>1. Review of the physician's orders dated March 1, 2007 on May 3, 2007 at approximately 11:40 AM revealed that Resident #2 was prescribed Lipitor 20 mg, by mouth at bedtime for hypercholesterolemia. Review of a medical consult for hypercholesterolemia and hypertension dated September 5, 2006 on May 3, 2007 at approximately 11:45 AM revealed a recommendation for Resident #2 to return to the clinic on December 5, 2006. There was no documented evidence that the resident returned to the clinic as recommended.</p> <p>2. Review of the physician's orders dated March 1, 2007 on May 3, 2007 at approximately 11:40 AM revealed that Resident #2 was prescribed Norvasc 10 mg and Maxide 25 mg by mouth every day for hypertension. Review of a cardiology consult dated November 21, 2006 on May 3, 2007 at approximately 11:50 AM revealed a recommendation for Resident #2 to return to</p>	1395			
		1395 1, 2, 3 and 4	<p>Client # 2 had refused to return to the clinic as scheduled. A Refuse/Missed Appointment Form has been developed. The House Manager has been instructed to forward this form with (48) hours to the DON and reschedule the appointment. A record of notification to the Primary Care Physician and Case Manager will be placed with the consumer's records. The consumer's individual ability and legal right to accept and refuse treatment and services will be incorporated into their records i.e. Guardianship documents, ISP, Psychological Assessments etc. QA will monitor to ensure compliance on a monthly basis for the next six months and then quarterly thereafter.</p>	5/31/2005 and ongoing	

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1395	Continued From page 8 the clinic in three months (February, 2007). There was no documented evidence that the resident returned to the clinic as recommended. 3. Review of a speech and hearing screening consult dated December 21, 2006 on May 3, 2007 at approximately 4:50 PM revealed a recommendation for Resident #2 have an ENT examination. There was no documented evidence that the resident had or was scheduled to have an ENT examination as recommended. 4. Review of a speech and hearing screening consult dated December 21, 2006 on May 3, 2007 at approximately 5:00 PM revealed a recommendation for Resident #2 have an Aural Assessment. There was no documented evidence that the resident had or was scheduled to have an Aural Assessment as recommended.	1395			
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on staff interview, and record review the facility failed to write admission orders, admission notes and a nursing assessment that included diagnosis and evaluations for one of two residents in the sample. (Resident #1) The findings include: 1. Interview with the House Manager on May 3,	1401	Client # 1 was seen by PCP on 3/29/2007 for a physical. He is scheduled to see the PCP on 6/5/07. Director of Nursing will ensure that proper admission orders are completed for each new admittance by the Primary Care Physician. QA will be informed of each new admission to ensure compliance and will reviewed new admission on a quarterly basis. A nurse assessment has been completed for Client #1. The Residential Director will prior notice to the DON of all new admissions before acceptance. DON will complete a Nursing Assessment within five (5) business days of admission and a place report within consumer's records. A copy will be forwarded to the CEO and the Residential Director. QA will be informed of each new admission to ensure compliance and will reviewed new admission on a quarterly basis.	6/15/2007 and ongoing 6/15/2007 and ongoing	

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1395	Continued From page 8 the clinic in three months (February, 2007). There was no documented evidence that the resident returned to the clinic as recommended. 3. Review of a speech and hearing screening consult dated December 21, 2006 on May 3, 2007 at approximately 4:50 PM revealed a recommendation for Resident #2 have an ENT examination. There was no documented evidence that the resident had or was scheduled to have an ENT examination as recommended. 4. Review of a speech and hearing screening consult dated December 21, 2006 on May 3, 2007 at approximately 5:00 PM revealed a recommendation for Resident #2 have an Aural Assessment. There was no documented evidence that the resident had or was scheduled to have an Aural Assessment as recommended.	1395			
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on staff interview, and record review the facility failed to write admission orders, admission notes and a nursing assessment that included diagnosis and evaluations for one of two residents in the sample. (Resident #1) The findings include: 1. Interview with the House Manager on May 3,	1401	Client # 1 was seen by PCP on 3/29/2007 for a physical. He is scheduled to see the PCP on 6/5/07. Director of Nursing will ensure that proper admission orders are completed for each new admittance by the Primary Care Physician. QA will be informed of each new admission to ensure compliance and will reviewed new admission on a quarterly basis. A nurse assessment has been completed for Client #1. The Residential Director will prior notice to the DON of all new admissions before acceptance. DON will complete a Nursing Assessment within five (5) business days of admission and a place report within consumer's records. A copy will be forwarded to the CEO and the Residential Director. QA will be informed of each new admission to ensure compliance and will reviewed new admission on a quarterly basis.	6/15/2007 and ongoing 6/15/2007 and ongoing	

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1401	<p>Continued From page 9</p> <p>2007 at approximately 10:35AM revealed that Resident #1 was admitted to the facility on February 3, 2007. Review of the medical records on May 3, 2007 at approximately 10:45AM revealed that Resident #1 was admitted to the facility on February 3, 2007. There was no documented evidence that the physician write admission orders or notes for Resident #1 when he was admitted to the facility.</p> <p>[Note: Resident #1 is not on medication]</p> <p>2. Interview with the House Manager on May 3, 2007 at approximately 11:00AM revealed that Resident #1 was admitted to the facility on February 3, 2007. Review of medical records on May 3, 2007 at approximately 11:30AM revealed no documented evidence that a nursing assessment was completed for Resident #1 when he was admitted to the facility.</p>	1401			

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I 206	Continued From page 3 acknowledged that the two health certifications were not available during the survey. Staff () and ().	I 206	The two employees current health record are in the personnel. (Staff health record date is 1/2/2007 and health record date is 5/4/2007). Personnel will ensure that all employee files are completed prior to commencement of employment and made available review periods. QA will review employee files on a quarterly basis to ensure compliance.	5/10/2007	
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on record review, the facility failed to effectively train staff to implement emergency measures for all of the clients in the facility. The finding includes: Review of eight personnel records on May 3, 2007 at approximately 4:50 PM revealed no documented evidence of current CPR/ (Heimlich Maneuver) certifications for one staff member. Staff ().	I 227	1. Staff has completed CPR training on 1/16/2007. All staff have CPR Personnel will ensure that staff complete training. QA will review employee files on a quarterly basis to ensure compliance.	5/04/2007	
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each employee received annual training in sexuality and nutrition.	I 229			